

Health Care for Women

SCOPE OF THE PROBLEM

In 1900, the leading causes of death among U.S. women included infectious diseases and complications of pregnancy and childbirth. Today, other health problems and chronic conditions face women:

- Heart disease is the number one killer of women in the United States.
- Approximately 185,000 new cases of breast cancer are diagnosed among U.S. women each year, and nearly 45,000 women die from the disease.
- Each year, about 600,000 women have a hysterectomy. By age 60, more than one-third of U.S. women have had a hysterectomy. Costs associated with hysterectomy are estimated at \$5 billion per year.
- An estimated 4 million women a year are victims of domestic violence.
- By age 65, half of all women have two or more chronic diseases. These illnesses occur most often in minority and low-income women.

Background

The Agency for Healthcare Research and Quality (AHRQ) supports research on all aspects of women's health care, including quality, access, cost, and outcomes. A priority is given to studies designed to:

- Identify and reduce disparities in the health care of minority women.

- Address the health needs of women living in rural areas.
- Care for women with chronic illness and disabilities.

AHRQ serves as a catalyst for change by promoting the results of research findings and incorporating those findings into improvements in the delivery and financing of health care. This important information is brought to the attention of policymakers, health care providers, and consumers who can make a difference in the quality of health care women receive.

Impact of AHRQ Research

Heart Disease

- **Women treated in emergency rooms (ERs) are less likely to receive life-saving medication for heart attack.** AHRQ funded the development of two software tools, now standard features on hospital electrocardiograph machines, that have improved diagnostic accuracy and dramatically increased the timely use of "clot-busting" medications in women having heart attack.
- **Older black women are least likely to be referred for cardiac catheterization.** A survey of physician referral practices found that blacks and women, particularly older black women, were much less likely to be referred for cardiac catheterization than whites and men. These findings stimulated new research to examine why these disparities in health care occur and to evaluate interventions to reduce them.

Breast Cancer

- **Poor and minority women have fewer mammograms than other women.** AHRQ-funded researchers have used less traditional approaches, such as providing information through churches, to increase mammography screenings. Over the past two decades, AHRQ has been a co-sponsor of research that supported mobile mammography screening vans. This intervention has also increased access to mammography for poor and minority women.
- **Outpatient mastectomies have increased over the last decade.** Two key factors influence whether a woman gets a complete mastectomy in the hospital or in an outpatient setting: the State where she lives and who is paying for it. According to an AHRQ study, women in New York were more than twice as likely, and in Colorado nearly nine times as likely, as women in New Jersey to have an outpatient complete mastectomy.

Hysterectomy

- **Most patients are satisfied with the results of hysterectomy.** According to a Maryland study, 96 percent of women interviewed at 1 and 2 years after hysterectomy surgery said the problems or symptoms they experienced before the surgery were completely or mostly resolved.
- **Fibroid tumors are the most common reason for hysterectomy for women.** AHRQ studies have found that black women at any age who have uterine fibroids are more likely to have them surgically removed than are white or Hispanic women with fibroids. To date, only limited evidence shows that drugs and other nonsurgical treatments are effective in avoiding or postponing the need for a hysterectomy.

Urinary Incontinence

- **Asking the right questions helps physicians identify and treat urinary incontinence faster.** Incontinence is extremely common and often treatable, but patients are often reluctant to discuss it. By

using results of telephone surveys of incontinent women, physicians were able to quickly identify and treat affected women.

Current Initiatives

- **Clinical preventive services are the focus of the U.S. Preventive Services Task Force (USPSTF),** an independent panel of experts in primary care and prevention whose work is supported by AHRQ. The USPSTF is updating its recommendations for preventive interventions on many conditions affecting women. For example, the USPSTF recently recommended screening mammography, with or without clinical breast examination, every 1 to 2 years for women ages 40 or older.
- **Heart disease is the subject of an unprecedented long-term public-private sector collaboration** to clarify which diagnostic and therapeutic interventions are most effective for women, as well as evaluate strategies to improve outcomes for older women.
- **Domestic violence** is the second leading cause of death among women of child bearing age. A new 5-year effort supported by AHRQ will assess and compare health care intervention models for screening and treatment of domestic violence victims.
- **Building Interdisciplinary Research Careers in Women's Health** is an initiative that AHRQ is cosponsoring with the National Institutes of Health's Office on Women's Health to support training in health services research on women as part of an interdisciplinary mentor training program.

More Information

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